



In re Application of:

YOSHINOBU SHIRAIWA

Application No.: 09/062,552

Filed: April 20, 1998

For: IMAGE OUTPUT CONTROL APPARATUS

Docket No.

03560.002135.

Examiner: Mark E. Wallerson

Group Art Unit: 2626

Date: March 2, 2005

Mail Stop Issue Fee
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Allowance in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 6 | MINUS | 79 | = 0 | x \$25 \$50 | \$.00 |
| INDEP. CLAIMS | 3 | MINUS | 17 | = 0 | x \$100 \$200 | \$.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | \$.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$.00 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Matthew J. Evans
Registration No.: 56,530

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

03560.002135.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
YOSHINOBU SHIRAIWA) Examiner: Mark E. Wallerson
Application No.: 09/062,552) Group Art Unit: 2626
Filed: April 20, 1998)
For: IMAGE OUTPUT CONTROL)
APPARATUS) March 2, 2005

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE
UNDER 37 C.F.R. § 1.312

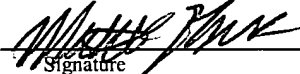
Sir:

Prior to issue, please amend the above-identified application as follows.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 2, 2005
(Date of Deposit)

Matthew J. Evans, Registration No. 56,530
(Name of Attorney for Applicant)


Signature

March 2, 2005
Date of Signature